

NC Employment Program Information Form

The purpose of this form is to identify Warriors and Family Members that have a need for employment assistance. The NC Employment Readiness Program is designed to provide employment counseling, job search skills training and information regarding job search sites and other resources for Service Member, Spouses, Veterans and all branches of the Military.

Please provide the following Information:

	Contact Information																
Name										F	Rank			Unit			
Signature										[Date	•		•			
1) Do you have a need for Employment Assistance? If "No," please turn in this form. If "Yes," please answer the following questions for assistance.											□Ye: □No						
2) Please fill in the requested information:																	
Service Affilia	iliation						N	lilita	ry Sta	tus							
Gender							Α	ge									
Address							E	-mai	il								
Phone Number				N	10S/	Branc	h										
Military Status						ivilia Occu	an pation	1									
Salary Range											in Se)				
Clearance Type					Previous Job												
Civilian Education (degrees, certificates, highest grade completed																	
Type of careers you are interested in:																	
3) I consent to the YREP releasing my contact information and resume to potential employers or Human Resource Professionals for the purpose of getting resume assistance or gaining employment.																	
Signed: Date:											 						
Additional Notes, Questions or Comments:																	

Assistance is provided by the NCYR Employment Program. Contact one of our Employment Specialists at (919) 664-6463 or nc.ncarng.mbx.ncyr-employment@mail.mil